FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.] SECTION 1 - General Information 1. Name and Mailing Address of Respondent Web Fire Communications, Inc. Check here if this 3406 McNiel Ave. is a change of Wichita Falls, Texas 76308 address. 2. Year Report Filed 3. Reporting Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected Reporting Period (check one):
a. Fewer than 16 (complete Sections I, IV, and V only)
b. 16 or more (complete all sections) Period Covered by Report) SECTION II - Full-Time Employees.

| Job Categories | | Number of Employees (Report employees in only one category) Race/Ethnicity | | | | | | | | | | | | | | |
|---|-----|---|--------|-------|---------------------------------|---|-------|---|----------------------|-------|---------------------------------|---|-------|---|-------------------|------------|
| | | | | | | | | | | | | | | | | |
| | | Male | | | | | | | Female | | | | | | | |
| | | Male Female | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | A - N O |
| | | Α | В | | | | | | | | | | | | | |
| | | Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | 0 |
| Professionals | 2 | | | | | | | | | | | | | | | 0 |
| Technicians | 3 | | | | | | | | | | | | | | | 0 |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 |
| Administrative Support Workers | 5 | | | | | | | | | | | | | | | 0 |
| Craft Workers | 6 | | | | | | | | | | | | | | | 0 |
| Operatives | 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | | 0 |
| Service Workers | 9 | | | | | | | | | | | | | | | 0 |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | | | | | | | 0 |

| SECTION III - Part-Time Emple | oyees. | | | | | | | | | | | | | | | | | | |
|---|----------|---|----------------|------------------------|---------------------------------|---|---|---|-------------------|---------------|---------------------------------|---|-------|---|-------------------|------------------|--|--|--|
| | | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | | | | |
| Job | | Race/Ethnicity | | | | | | | | | | | | | | | | | |
| Categories | | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | | | |
| | | Laurio | | | | Ma | ale | | | Female | | | | | | Columns A - N | | | |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | W hite | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | | | | |
| | | Α | В | С | D | E | F | G | н | 1 | J | к | L | М | N | 0 | | | |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | | | 0 | | | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | 0 | | | |
| Professionals | 2 | | | | | | | | | | | | | | - 1 | 0 | | | |
| Technicians | 3 | | | | | | | | | | | | | | | 0 | | | |
| Sales Workers | 4 | | | | | | | | | | | | | | | 0 | | | |
| Administrative Support Workers | 5 | | 190 | | | | | | | | | | | | | 0 | | | |
| Craft Workers | 6 | | | | | | | | | | | | | | | 0 | | | |
| Operatives | 7 | | | | | | | | (4) | | | | | | | 0 | | | |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | | 0 | | | |
| Service Workers | 9 | | | | | | *************************************** | | | | | | | | | 0 | | | |
| TOTAL | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | | | | | | | 0 | | | |
| SECTION IV - Report of Discr | iminatio | on Compl | aints Pursua | nt to 47 CFF | 22.321, 23.5 | 5, 90.168, 10° | 1.4, and 101 | .311. | | | | | | | | | | | |
| This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. | | | | | | | | | | | | | | | | | | | |
| (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | | | | | | | | | | | | | | | | | | | |
| SECTION V - Certification I certify that to the best of my kr | nowledg | je, informa | tion, and beli | ef, all statem | ents in this re | port are true a | nd correct. | 1 | | 1 | | **** | | | | | | | |
| Date | Typed o | ped or Printed Name of Person Signing Signature Telephone No. | | | | | | | | | | HIII WHIII H | | | | | | | |
| 05/18/2017 | Ripl | ipley Tate | | | | | | They light | | | | | | | (940) 691-7577 | | | | |
| Title of Person Signing President | | | | | | FALSE STAT ATION LICEN | | | | | | | | | 1) AND/OR R | EVOCATION | | | |